

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
)
PAREKH et al.) Art Unit: **2153**
)
Application No. **10/785,683**) Examiner: **Yasin M. Barqadle**
)
Filing Date: **February 24, 2004**) Confirmation No. **8387**
)
For: **SYSTEMS AND METHODS FOR**)
DETERMNING, COLLECTING,)
AND USING GEOGRAPHIC)
LOCATIONS OF INTERNET)
USERS)

TRANSMITTAL LETTER

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

August 23, 2007

Sir:

Transmitted herewith is the following in the above-identified application:

- | | | | |
|-------------------------------------|----------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | Response to Office Action | <input type="checkbox"/> | Petition to Extend Time |
| <input type="checkbox"/> | Fee as calculated below | <input type="checkbox"/> | Supplemental Declaration |
| <input checked="" type="checkbox"/> | No Additional Fee Required | <input type="checkbox"/> | Terminal Disclaimer |
| <input type="checkbox"/> | Corrected Drawings | <input type="checkbox"/> | Other _____ |

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
Total Claims				X \$50.00	\$0.00	
Independent Claims				X \$200.00	\$0.00	
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$360.00	\$0.00	
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input checked="" type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>	\$1,020.00
<input checked="" type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$510.00
TOTAL FEE DUE						\$510.00

ATTORNEY DOCKET NO. 04159.0001U5
APPLICATION NO. 10/785,683

Payment:

- ☐ A check in the amount of \$ _____ is enclosed.
- ☒ Payment by credit card in the amount of \$510.00 for the fees designated below. (Form PTO-2038 enclosed).
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$ _____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

NEEDLE & ROSENBERG, P.C.

/Jason S. Jackson/
Jason S. Jackson
Registration No. 56,733

NEEDLE & ROSENBERG, P.C.
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